



**PATIENT PRESENTING CLINICAL SIGNS**

**Bourbon Landry** History: 6-month history of intermittent inappetence, soft stools (periodic blood). Occasional vomit. No weight loss. Spec CPL WNL.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Mild hypoproteinemia with reduced globulins and normal albumin. Fecal negative.

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Labrador Retr X The urinary bladder mucosa, trigone measure thick (up to 0.54 cm), though there is no of mucosal irregularities. The bladder lumen is essentially with only a scant amount of anechoic urine and bladder thickness is considered normal for volume of urine.

**SEX**

Neutered Male The prostate measures appropriate (0.77 cm) for the neutered status of the dog. The parenchyma appears homogenous.

**AGE**

7 years

The left kidney is normal in size (6.44 cm) shape and architecture with smooth peripheral margins. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**WEIGHT**

26 kg

The right kidney is normal in size (6.06 cm) shape and architecture with smooth peripheral margins. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

*Adrenal Glands*

The left adrenal gland is normal in size (caudal pole 0.67 cm / cranial pole 0.41 cm) with a normal shape and is normal in appearance and echogenicity.

**INTERPRETED BY**

Jessica Midence, DVM, DACVIM (SAIM)

The right adrenal gland is normal in size (caudal pole 0.43 cm / cranial pole 0.59 cm) with a normal shape and is normal in appearance and echogenicity.

**IMAGING PERFORMED BY**

Sarah Barthelmy

*Spleen*

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

**HOSPITAL NAME**

Silverado VH

*Liver*

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears mildly hypoechoic with increased portal markings. No overt evidence of infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

**REFERRING VET**

Dr KD

The gallbladder lumen is mildly distended with bile. The wall is a normal thickness and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.

*Gastrointestinal Tract*

**INVOICE** The gastric lumen is empty. The stomach wall is of normal wall thickness (0.35 cm) with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

12952

**DATE**

5.5.23



**PATIENT** Bourbon Landry  
**SPECIES** Canine  
 The visualized areas of duodenum, jejunum and ileum appear diffusely thickened. The duodenum measures thick (up to 0.60 cm at the thickest portion) with distinct wall layering and a thickened muscularis layer. There is also mild corrugation of the duodenum. The remainder of the small intestines also measures thick, at the high end of normal (0.44 cm) with distinct wall layering and diffusely thickened muscularis throughout, and mild corrugation in certain loops of bowel. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

The sections of colon are visualized (0.10 cm) with incompletely-formed feces and gas shadowing distally.

**BREED** *Pancreas*

Labrador Retr X  
 The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

**SEX** *Peritoneum*

Neutered Male  
 The mesenteric lymph nodes are diffusely mildly enlarged, rounded and hypoechoic (the largest measuring 0.91 cm x 1.12 cm). The mesentery surrounding is mildly hyperechoic. Evaluation of the peritoneal cavity did not reveal any evidence of effusion.

**AGE** **ULTRASONOGRAPHIC FINDINGS**

7 years *Findings*

- Chronic enteropathy with reactive lymphadenopathy
- Mildly hypoechoic liver, considered to be reactive hepatopathy

**WEIGHT** **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

26 kg

**INTERPRETED BY**

Jessica Midence, DVM, DACVIM (SAIM)

The diffuse thickening of the muscularis layer is consistent with chronic intestinal disease, such as inflammatory bowel disease, food allergy, or rarely, this represents a neoplastic process such as small cell lymphoma or emerging intermediate cell lymphoma (though that is not suspected from this exam).

**IMAGING PERFORMED BY**

Sarah Barthelemy

The mesenteric lymph nodes were also mildly enlarged, with surrounding inflammation, suggesting a reactive process. Consider a GI panel, baseline cortisol to rule out hypoadrenocorticism and a diet trial with a novel protein diet or hypoallergenic diet (if not contraindicated in this patient). Fiber supplementation (Montmorillonite clay) or probiotics could be considered for the diarrhea. If there is still no resolution of clinical signs, then consider intestinal biopsies to further characterize the intestinal disease.

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The liver is mildly hypoechoic, which given the intestinal changes, is considered to be most likely a reactive hepatopathy. Correlate with lab-work changes.

**REFERRING VET**

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**PATIENT**

Bourbon Landry

**SPECIES**

Canine

**BREED**

Labrador Retr X

**SEX**

Neutered Male

**AGE**

7 years

**WEIGHT**

26 kg

**INTERPRETED BY**

Jessica Midence, DVM,  
 DACVIM (SAIM)†

**IMAGING PERFORMED BY**

Sarah Barthelemy

**HOSPITAL NAME**

Silverado VH

**REFERRING VET**

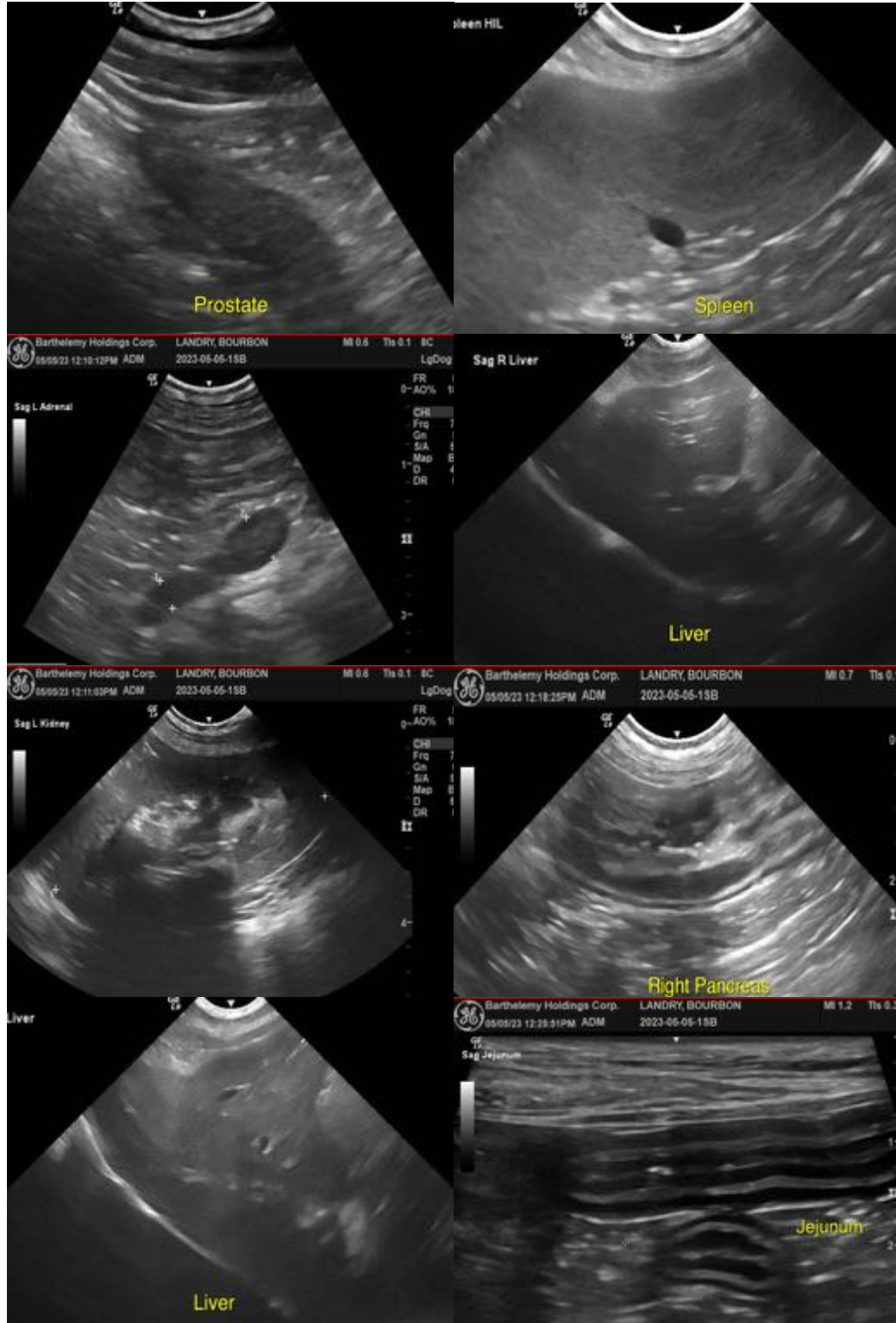
Dr KD

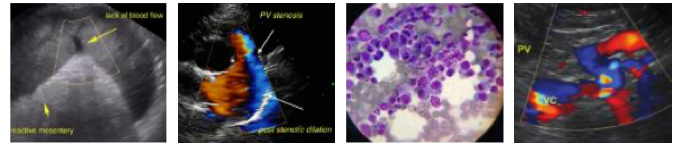
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**PATIENT**

Bourbon Landry

**SPECIES**

Canine

**BREED**

Labrador Retr X

**SEX**

Neutered Male

**AGE**

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**WEIGHT**

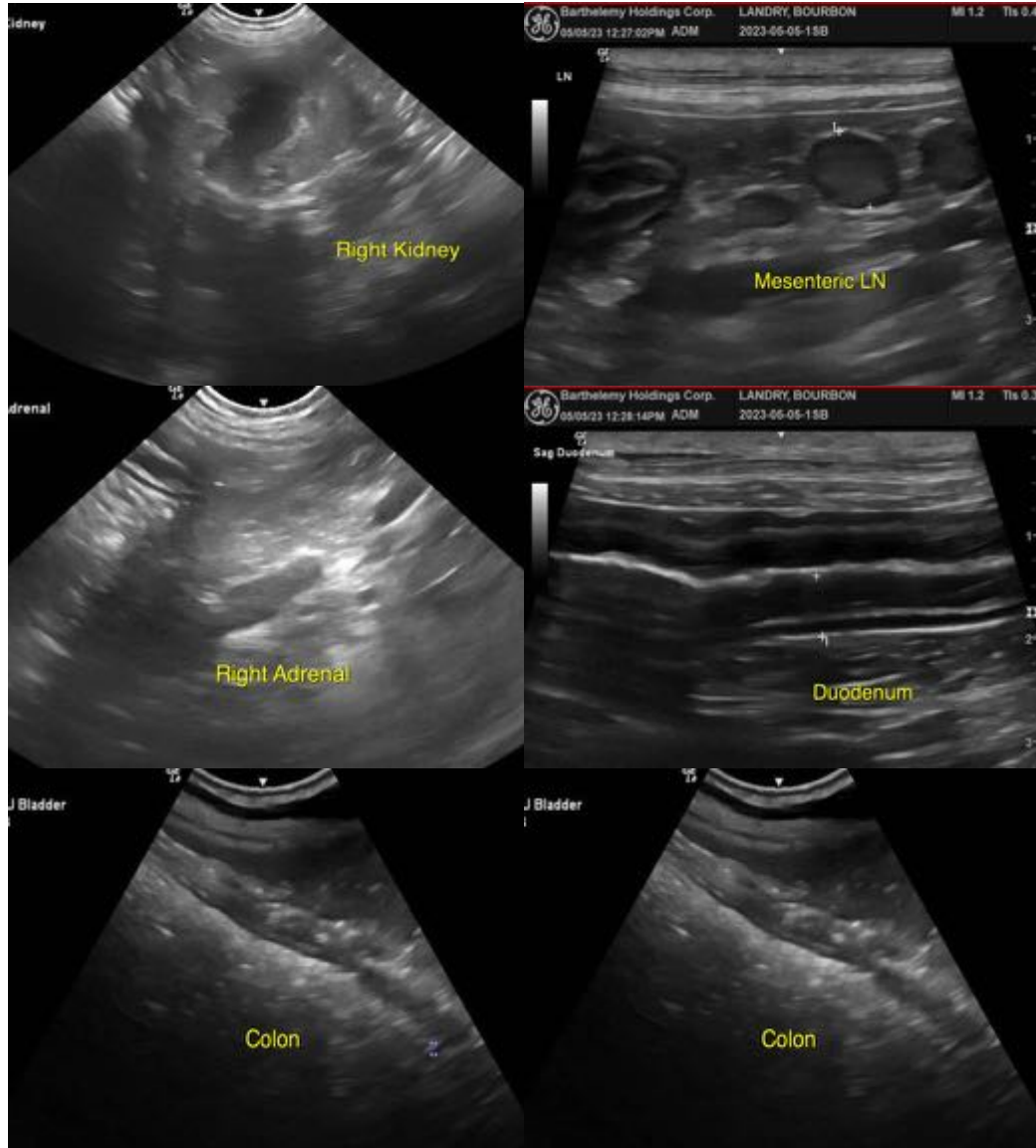
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**REFERRING VET**

Dr KD

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

**INVOICE**

12952

Jessica Midence, DVM, DACVIM (SAIM)  
info@SonoPath.com

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